HCC Coding Update – Alcohol & Substance Abuse

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What is HCC coding?

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Hierarchical condition category (HCC) coding

- HCC coding is based on patient complexity.
- HCC codes represent costly chronic health conditions, as well as some severe acute conditions.
- Along with demographic factors (such as age and gender), insurance companies use HCC coding to assign patients a risk adjustment factor (RAF) score.
- Patients with high HCCs are expected to require intensive medical treatment, and clinicians that enroll these high-risk patients are reimbursed at higher rates than those with enrollees who have low HCCs.*

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*Adapted from https://www.imohealth.com/ideas/article/hcc-101-what-you-need-to-know-about-hierarchical-condition-categories

When should I include these HCC diagnoses?

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Remember to include the appropriate HCC diagnosis codes whenever you are:

A. Managing the specific problem during the visit
   - evaluating, ordering tests, prescribing medications, sending a referral, etc.

B. Assessing the stability of the problem at the visit (even if it is being managed by an outside specialist)

-OR-

C. The problem directly impacts your medical decision making
   - You want to prescribe steroids, but the patient is diabetic.
   - You want a contrast imaging study, but the patient has CKD.

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Coding for Alcohol & Substance Abuse

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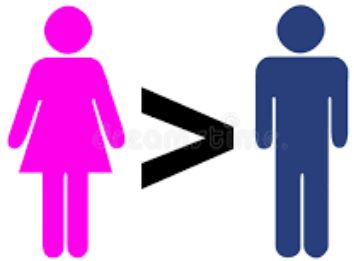
United States Alcohol & Substance Abuse Statistics

According to the 2019 National Survey on Drug Use and Health, 14.5 million people ages 12 and older had Alcohol Use Disorder (AUD).

According to the National Center for Drug Abuse Statistics (NCDAS), almost 32 million people (11.7% of the population) were actively using drugs as of 2021, with marijuana, prescription stimulants, and methamphetamines as the most popular drugs of choice.



Although the prevalence of AUD is greater in men than in women, women with AUDs are more likely to seek help, but less likely to be identified by their physicians.*

*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495039/

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Table 3 DSM-5 Diagnostic Criteria for Diagnosing and Classifying Substance Use Disorders [a,b,c]

Criteria Type	Descriptions
Impaired control over substance use (*DSM-5* criteria 1 to 4)	• Consuming the substance in larger amounts and for a longer amount of time than intended. • Persistent desire to cut down or regulate use. The individual may have unsuccessfully attempted to stop in the past. • Spending a great deal of time obtaining, using, or recovering from the effects of substance use. • Experiencing craving, a pressing desire to use the substance.
Social impairment (*DSM-5* criteria 5 to 7)	• Substance use impairs ability to fulfill major obligations at work, school, or home. • Continued use of the substance despite it causing significant social or interpersonal problems. • Reduction or discontinuation of recreational, social, or occupational activities because of substance use.
Risky use (*DSM-5* criteria 8 and 9)	• Recurrent substance use in physically unsafe environments. • Persistent substance use despite knowledge that it may cause or exacerbate physical or psychological problems.
Pharmacologic (*DSM-5* criteria 10 and 11)	• **Tolerance:** Individual requires increasingly higher doses of the substance to achieve the desired effect, or the usual dose has a reduced effect; individuals may build tolerance to specific symptoms at different rates. • **Withdrawal:** A collection of signs and symptoms that occurs when blood and tissue levels of the substance decrease. Individuals are likely to seek the substance to relieve symptoms. No documented withdrawal symptoms from hallucinogens, PCP, or inhalants. • **Note:** Individuals can have an SUD with prescription medications, so tolerance and withdrawal (criteria 10 and 11) in the context of appropriate medical treatment do *not* count as criteria for an SUD.

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HCC Coding for Alcohol Dependence / Abuse

Consider using the following diagnoses:

- Alcohol dependence [F10.20]
- Alcohol abuse with intoxication [F10.129]
- Alcohol abuse with alcohol induced sleep disorder [F10.182]
- Alcohol abuse with alcohol induced anxiety disorder [F10.180]
- Alcohol abuse with alcohol induced mood disorder [F10.14]
- Alcoholic cardiomyopathy [I42.6]
- Alcoholic liver disease [K70.9]
- Alcohol induced chronic pancreatitis [K86.0]

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HCC Coding for Alcohol Dependence / Abuse in Remission

Consider using the following diagnoses:

- Alcohol abuse in remission [F10.11]
- Alcohol dependence in remission [F10.21]

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HCC Coding for Substance Dependence / Abuse

Consider using the following diagnoses:

- Substance dependence (specify) [F**.**]
- Substance abuse (specify) with intoxication [F**.**]
- Substance abuse (specify) with withdrawal [F**.**]
- Substance abuse (specify) with sleep disorder [F**.**]
- Substance abuse (specify) with anxiety disorder [F**.**]
- Substance abuse (specify) with mood disorder [F**.**]

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HCC Coding for Substance Dependence / Abuse in Remission

Consider using the following diagnoses:

- Opioid dependence in remission [F11.21]
- Opioid abuse in remission [F11.11]
- Stimulant dependence in remission [F15.21]
- Hallucinogen abuse in remission [F16.11]
- Cocaine abuse in remission [F14.11]
- Cannabis abuse in remission [F12.11]
- Inhalant abuse in remission [F18.11]
- Sedative, hypnotic, and anxiolytic abuse in remission [F13.11]

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Using the most specific diagnosis when coding for your visits can have a significant impact on reimbursement.

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Example

- A 65-year-old female is seeing you in the office for ER follow-up of recurrent pancreatitis. Her abdominal ultrasound also showed evidence of hepatic steatosis. Her lipase and LFTs were elevated. She has a history of regular daily alcohol consumption. Her BMI is 42. After evaluation, you feel that her alcohol consumption and morbid obesity are all playing a role in her recurrent pancreatitis and liver disease.

Scenario 1	Scenario 2
Acute pancreatitis (K85.9)	Alcohol-induced pancreatitis (K86.0)
Fatty Liver (K76.0)	Alcohol Liver Disease (K70.9)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = $3,100/year	**Approx Budget = $11,700/year**

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Example

- A 68-year-old male is seeing you in the office for evaluation of daytime sleepiness and chronic snoring. He has a history of binge drinking on the weekends. His BMI is 43. After evaluation, you feel that his morbid obesity and alcohol consumption are all playing a role in his sleepiness and chronic snoring.

Scenario 1	Scenario 2
Snoring (R06.83)	Snoring (R06.83)
	Alcohol dependence (F10.20)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = $3,000/year	**Approx Budget = $8,500/year**

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Example

- A 67-year-old male is seeing you in the office for evaluation of worsening anxiety. He also suffers from chronic low back pain for which he has been smoking marijuana regularly. His BMI is 41. After evaluation, you feel that his morbid obesity is playing a role in his back pain and the regular marijuana use may be the cause of his worsening anxiety.

Scenario 1	Scenario 2
Anxiety (F41.9)	Cannabis-induced anxiety disorder (F122.80)
Low Back Pain (M54.5)	Low Back Pain (M54.5)
Obesity, unspecified (E66.0)	Morbid obesity (E66.01)
Approx Budget = $3,000/year	**Approx Budget = $8,500/year**

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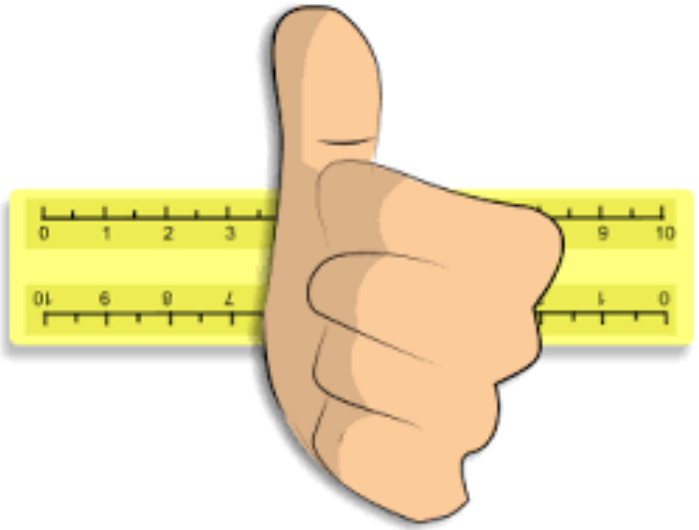
Rules of Thumb

- Code more specifically when possible
- Code for everything addressed and documented
  - **Include diseases that impacted decision making**
    - CKD impacting medication choices
    - DM impacting whether to prescribe steroids
- Code chronic conditions yearly*

*Although chronic conditions are ongoing, providers must document a patient's chronic condition and recapture the ICD-10 code annually to maintain the patient's HCC risk score. This includes amputations and ostomies.



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